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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application or Docket Number 09/460 089			
CLAIMS AS FILED PARTY									OR	OTHER THAN OR SMALL ENTITY		
3-28-06 (Column 1)			(Column 2)			38042		1	-			
			ER FILED	ER EXTRA		RATE	FEE		RATE	FEE		
BASIC FEE (37 CPR LIS(B))									OR			
TOTAL CLAUAS (DJ CFR 1.16(c))		48	minus di	. و	0		x 8		OR.	x 8	0	
CST COFR 1	(DENT CLAM 1.16(b))	13 4	4 minus 4		0		× 8=		OR.	× 5=	0	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+1=		OR	+8	.0	
" If the difference in column 1 is less than zero, anier "O" in column 2.							TOTAL .	·	OR	TOTAL		
CLAIMS AS AMENDED - PART II												
9-/8-06 (Column 1) (Column 2) (Column 3)						SMALL I	ENTITY	OR	OTHER	R THAN ENTITY		
_	0 -00	CLAIMS		HIGHEST		1			1			
ENT A		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ACC)- TIONAL FEE		RATE	ADOI- TIONAL FEE	
1 5 i	Total om Liapa)	48	Minus	. 26	. 0	İ	x s=		OR .	x &	. 0	
	epondent CFR 1.140-p	. 4	Minus	- 4	.0		×8•		OR	× 8=	٥	
FRET PRESENTATION OF MALTIPLE DEPENDENT CLAIM (ST CFR 1.48(4))							+1		OR	+9=	0	
							TOTAL . ADOL FEE		OR	TOTAL ADD'L PEE	0	
3-9-07 (Cohumn 1) (Cohumn 2) (Cohumn 3)							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,			
 '		(Cotumn 1)	F	HIGHEST		1						
2	[REMAINING AFTER		NUMBER	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADOI- TIONAL	
		AMENDMENT		PAID FOR				FEE			FEE	
5	Total OPR L1800)	.21	Minus	56	- /		x 8=		OR	x 8	-	
	eperdent GFR 1.1100	. А	Minus	<u>-4</u>	• /		X8		OR	x \$*	/_	
A LESS, MERRITATION OF PRYTISHE DESCRIPTION OF CYCLE (12)						ı	+9		OR	+1 -		
							ADOL FEE		OR	TOTAL ADOL FEE		
(Column 1) (Column 2) (Column 3)							••					
ENTC		CLAINS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADCI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total OFF LVEGO	·	Minus	•	•		xse		OR	x \$		
IZ:ho	epended GFR 1.14(3)	•	Minus		•		×3	•	OR	х 4•		
Σ		ATION OF MALTIPU	E DEPENDI	ENT CLASH (SP OF	R 1.16(d)		+5=		OR	+ 5		
							TOTAL ADO'L FEE		OR	TOTAL ADD'L FEE		
# If the entry in contains 1 is insectiven the entry in contains 2, write "O" in column 3.												
" If the "Tighest Number Previously Paid For" IN THIS SPACE is less than 30, enter "20". " If the "Tighest Number Previously Paid For" IN THIS SPACE is less than 31, enter "20". The "Market Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

The Tednest Number Proviously Peid For" (Tytel or Independent) is the regress names in the appropriate octs of obtains in the This collection of Information is required by S7 CFR 1.16. The Information is required to totals or retain a benefit by the public which is to tile (and by the This collection of Information is required by S7 CFR 1.14. This collection is estimated to tate 12 minutes to complete. USFTO There will vary depending upon the Individual case. Any comments including gathering, preparing, and automating the complete deposition form to the USFTO. There will vary depending upon the Individual case. Any comments on the amount of time year require to complete the form audior suggestions for retaining this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED PORMS TO THIS ADDRESS, BEND TO: Commissioner for Patenta, P.O. Box 1450, Alexandria, VA 22313-1450.